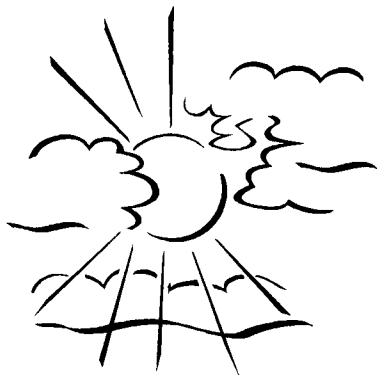


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# **Articles in Today's Clips**

## **Monday, October 10, 2005**

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# Bush Plan Shows U.S. Is Not Ready for Deadly Flu

By GARDINER HARRIS  
The New York Times

Published: October 8, 2005

WASHINGTON, Oct. 7 - A plan developed by the Bush administration to deal with any possible outbreak of pandemic flu shows that the United States is woefully unprepared for what could become the worst disaster in the nation's history.

A draft of the final plan, which has been years in the making and is expected to be released later this month, says a large outbreak that began in Asia would be likely, because of modern travel patterns, to reach the United States within "a few months or even weeks."

If such an outbreak occurred, hospitals would become overwhelmed, riots would engulf vaccination clinics, and even power and food would be in short supply, according to the plan, which was obtained by The New York Times.

The 381-page plan calls for quarantine and travel restrictions but concedes that such measures "are unlikely to delay introduction of pandemic disease into the U.S. by more than a month or two."

The plan's 10 supplements suggest specific ways that local and state governments should prepare now for an eventual pandemic by, for instance, drafting legal documents that would justify quarantines. Written by health officials, the plan does not yet address responses by the military or other governmental departments.

The plan outlines a worst-case scenario in which more than 1.9 million Americans would die and 8.5 million would be hospitalized with costs exceeding \$450 billion.

It also calls for a domestic vaccine production capacity of 600 million doses within six months, more than 10 times the present capacity.

On Friday, President Bush invited the leaders of the nation's top six vaccine producers to the White House to cajole them into increasing their domestic vaccine capacity, and the flu plan demonstrates just how monumental a task these companies have before them.

In the wake of Hurricane Katrina, the Bush administration's efforts to plan for a possible pandemic flu have become controversial, with many Democrats in Congress charging that the administration has not done enough. Many have pointed to the lengthy writing process of the flu plan as evidence of this.

But while the administration's flu plan, officially called the Pandemic Influenza Strategic Plan, closely outlines how the Health and Human Services Department may react during a pandemic, it skirts many essential decisions, like how the military may be deployed.

"The real shortcoming of the plan is that it doesn't say who's in charge," said a top health official who provided the plan to The Times. "We don't want to have a FEMA-like response, where it's not clear who's running what."

Still, the official, who asked for anonymity because the plan was not supposed to be distributed, called the plan a "major milestone" that was "very comprehensive" and sorely needed.

The draft provided to The Times is dated Sept. 30, and is stamped "for internal H.H.S. use only."

The plan asks government officials to clear it by Oct. 6.

Christina Pearson, a spokeswoman for Health and Human Services Secretary Michael O. Leavitt, responded, "We recognize that the H.H.S. plan will be a foundation for a governmentwide plan, and that process has already begun."

Ms. Pearson said that Mr. Leavitt has already had one-on-one meetings with other cabinet secretaries to begin the coordination process across the federal government. But she emphasized that the plan given to The Times was a draft and had not been finalized.

Mr. Leavitt is leaving Saturday for a 10-day trip to at least four Asian nations, where he will meet with health and agriculture officials to discuss planning for a pandemic flu. He said at a briefing on Friday that the administration's flu plan would be officially released soon. He was not aware at the briefing that The Times had a copy of the plan. And he emphasized that the chances that the virus now killing birds in Asia would become a human pandemic were unknown but probably low. A pandemic is global epidemic of disease.

"It may be a while longer, but pandemic will likely occur in the future," he said.

And he said that flu planning would soon become a national exercise.

"It will require school districts to have a plan on how they will deal with school opening and closing," he said. "It will require the mayor to have a plan on whether or not they're going to ask the theaters not to have a movie."

"Over the next couple of months you will see a great deal of activity asking metropolitan areas, 'Are you ready?' If not, here is what must be done," he said.

A key point of contention if an epidemic strikes is who will get vaccines first. The administration's plan suggests a triage distribution for these essential medicines. Groups like the military, National Guard and other national security groups were left out.

Beyond the military, however, the first in line for essential medicines are workers in plants making the vaccines and drugs as well as medical personnel working directly with those sickened by the disease. Next are the elderly and severely ill. Then come pregnant women, transplant and AIDS patients, and parents of infants. Finally, the police, firefighters and government leaders are next.

The plan also calls for a national stockpile of 133 million courses of antiviral treatment. The administration has bought 4.3 million.

The plan details the responsibilities of top health officials in each phase of a spreading pandemic, starting with planning and surveillance efforts and ending with coordination with the Department of Defense.

Much of the plan is a dry recitation of the science and basic bureaucratic steps that must be followed as a virus races around the globe. But the plan has the feel of a television movie-of-the-week when it describes a possible pandemic situation that begins, "In April of the current year, an outbreak of severe respiratory illness is identified in a small village."

"Twenty patients have required hospitalization at the local provincial hospital, five of whom have died from pneumonia and respiratory failure," the plan states.

The flu spreads and begins to make headlines around the world. Top health officials swing into action and isolate the new viral strain in laboratories. The scientists discover that "the vaccine developed previously for the avian strain will only provide partial protection," the plan states. In June, federal health officials find airline passengers infected with the virus "arriving in four major U.S. cities," the plan states. By July, small outbreaks are being reported around the nation. It spreads.

As the outbreak peaks, about a quarter of workers stay home because they are sick or afraid of becoming sick. Hospitals are overwhelmed.

"Social unrest occurs," the plan states. "Public anxiety heightens mistrust of government, diminishing compliance with public health advisories." Mortuaries and funeral homes are overwhelmed.

Presently, an avian virus has decimated chicken and other bird flocks in 11 countries. It has infected more than 100 people, about 60 of whom have died, but nearly all of these victims got the disease directly from birds. An epidemic is only possible when a virus begins to pass easily among humans.

Lawrence K. Altman contributed reporting for this article.

# Danger of Flu Pandemic Is Clear, if Not Present

By DENISE GRADY  
The New York Times

Published: October 9, 2005

Fear of the bird flu sweeping across Asia has played a major role in the government's flurry of preparations for a worldwide epidemic.

That concern prompted President Bush to meet with vaccine makers on Friday to try to persuade them to increase production, and it led Health and Human Services Secretary Michael O. Leavitt to depart yesterday for a 10-day trip to at least four Asian nations to discuss planning for a pandemic flu.

But scientists say that although the threat from the current avian virus is real, it is probably not immediate.

Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, said a bird flu pandemic was unlikely this year.

In 1918, patients suffering from a highly contagious flu were sent to camps like this one in Lawrence, Mass.

"How unlikely, I can't quantitate it," Dr. Fauci said. But, he added, "You must prepare for the worst-case scenario. To do anything less would be irresponsible."

Dr. Jeffery Taubenberger, chief of the molecular pathology department at the Armed Forces Institute of Pathology, said, "I would not say it's imminent or inevitable." Dr. Taubenberger said he believes that there will eventually be a pandemic, but that whether it will be bird flu or another type, no one can say.

The Bush administration is in the final stages of preparing a plan to deal with pandemic flu. A draft shows that the country is woefully unprepared, and it warns that a severe pandemic will kill millions, overwhelm hospitals and disrupt much of the nation.

What worries scientists about the current strain of bird flu, known as H5N1, is that it has shown some ominous traits. Though it does not often infect humans, it can, and when it does, it seems to be uncommonly lethal. It has killed 60 people of the 116 known to have been infected.

Alarm heightened on Thursday when a scientific team led by Dr. Taubenberger reported that the 1918 flu virus, which killed 50 million people worldwide, was also a bird flu that jumped directly to humans.

There is a crucial difference, however; the 1918 flu was highly contagious, while today's bird flu has so far shown little ability to spread from person to person. But a mutation making the virus more transmissible could set the stage for a pandemic.

Another concern is that H5N1 has become widespread, killing millions of birds in 11 countries and dispersing further as migratory birds carry it even greater distances. This month, it was reported in Romania.

Meanwhile, the flu is spreading widely among birds in Asia. And it has unusual staying power, persisting in different parts of the world since it emerged in 1997.

"Most bird flus emerge briefly and are relatively localized," said Dr. Andrew T. Pavia, chief of the division of pediatric infectious diseases at the University of Utah and chairman of the pandemic influenza task force of the Infectious Diseases Society of America. The most worrisome thing about H5N1, Dr. Pavia said, is that it has not gone away.

Some scientists suspect that if H5N1 has not caused a pandemic by now, then it will not, because it must be incapable of making the needed changes. But others say there is no way to tell what the virus will do as time goes on. And they point out that no one knows how long it took for the 1918 virus to develop the properties that led to a pandemic.

Meanwhile, H5N1 seems to be finding its way into more and more species. Once known to infect chickens, ducks and the occasional person, the virus is now found in a wide range of birds and has infected cats.

"It killed tigers at the Bangkok zoo, which is quite remarkable because flu is not traditionally a big problem for cats," Dr. Pavia said.

It has also infected pigs, which in the past have been a vehicle to carry viruses from birds to humans.

"We should be worried but not panicked," Dr. Pavia said.

The timing of the bird flu's emergence also makes scientists nervous, because many believe that based on history, the world is overdue for a pandemic. Pandemics occur when a flu virus changes so markedly from previous strains that people have no immunity and vast numbers fall ill.

"In the 20th century there were three pandemics, which means an average of one every 30 years," Dr. Fauci said. "The last one was in 1968, so it's 37 years. Just on the basis of evolution, of how things go, we're overdue."

Dr. Bruce Gellin, director of the National Vaccine Program Office, said: "You get this sense of compounding risks. First, it's in some birds. Then more. Then more area, then more mammals and then to humans, albeit inefficiently."

In just a few instances, Dr. Gellin noted, the virus does appear to have spread from person to person.

"The only thing it hasn't done is to become an efficient transmitter among humans," he said. "It's done all the other things that are steps toward becoming a pandemic virus."

But not everyone is equally worried about the bird flu.

The fear "is very much overdone, in my opinion," said Dr. Edwin Kilbourne, an emeritus professor of immunology at New York Medical College, who has treated flu patients since the 1957 pandemic and has studied the 1918 flu.

The bird flu, he said, is distantly related to earlier flus, and humans have already been exposed to them, providing some resistance.

Scientists also say that the death rate may not be as high as it appears, because some milder cases may not have been reported.

Dr. Kilbourne and other experts also noted that when viruses become more transmissible, they almost always become less lethal. Viruses that let their hosts stay alive and pass the disease on to others, he explained, have a better chance of spreading than do strains that kill off their hosts quickly.

Moreover, he said, while much has been made of comparisons between the current avian flu and the 1918 strain, the factors that helped increase the flu's virulence in 1918 - the crowding together of millions of World War I troops in ships, barracks, trenches and hospitals - generally do not exist today for humans.

But an essential difference is that people carrying the flu today can board international flights and carry the disease around the world in a matter of hours.

Dr. Kilbourne emphasized that medical care had improved greatly since 1918. Although some flu victims then turned blue overnight and drowned from blood, with fluid leaking into their lungs, many more died of what are now believed to be bacterial infections, which can be treated with antibiotics.

Although the death toll from that flu was high, the actual death rate was less than 5 percent.

In addition, more people now live in cities, where they have probably caught more flus, giving them immunity to later ones. "In 1918, you had a lot of farm boys getting their first contact with city folks who'd had these things," Dr. Kilbourne said.

What researchers wish they could do now is look at a flu virus like H5N1 and predict whether it is heading down the genetic road to becoming a pandemic strain.

"I hope in the future we will be able to do that, work out which mutations are critical," Dr.

Taubenberger said. "We know the 1918 strain had everything it needed."

Andrew Pollack and Donald G. McNeil Jr. contributed reporting for this article.

# Local health agencies consider bird flu precautions

GENESEE COUNTY

THE FLINT JOURNAL FIRST EDITION

Monday, October 10, 2005

By Shantell M. Kirkendoll

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GENESEE COUNTY - Local health experts and perhaps some families have begun bracing for bird flu, an illness with symptoms that mimic the other flu strains but with much worse results. If the strain is anything like the common flu, it would make people such as the Lewis family of Mt. Morris vulnerable.

With two active teenage daughters and a husband who drives a truck, the family of four is exposed to all sorts of germs that make their way home, said mom Stephanie Lewis, 39, an interior designer.

"I must admit we have not given bird flu much thought, but we're already trying things to keep from getting sick," she said. "My husband gets a flu shot every year, and we wash our hands constantly."

The Genesee County Health Department is starting to figure out what its role would be to combat a possible outbreak of bird flu, including rallying physicians and setting up mass vaccinations. The department plans to notify hospitals and doctors by fax and e-mail if a bird flu case or outbreak occurs. Authorities concede, however, it's difficult to detect signs of bird flu - fever, cough, sore throat, muscle aches, eye infections and pneumonia - at this time of year, when flu symptoms are common.

The health department has practiced a mass vaccination twice, using 70 volunteers trained to respond to a catastrophic event, that would be galvanized if bird flu is tracked here.

For good and bad, bird flu is different from the more common ailment. The avian influenza virus, called H5N1, occurs naturally in birds, but scientists believe the virus has adapted to make humans sick, too.

Sixty people worldwide have died from bird flu, all of them poultry workers living and working in proximity to ducks and chickens.

Because the virus is so new to humans, the body has no natural way to fight it. The mortality rate is 50 percent, meaning one of every two people infected with bird flu will die. The good news is that the virus is not contagious among humans - people can't contract it from a sneeze or shaking hands.

"The real danger is if it figures out how to jump from person to person," said Robert Pestronk, director of the county health department. "There is no medicine quickly available to treat it like the regular flu, but we are gearing up for it as we would for any catastrophic event like they're predicting with bird flu."

The department does not have extra supplies of Tamiflu or other antiviral medications to treat bird flu, which must be taken twice a day within the first 48 hours of infection to be effective.



Local hospitals do not have extra doses of Tamiflu either, officials said. Steven Cote, director of pharmacy at Genesys Health System, said Tamiflu, at \$6 per capsule, is expensive.

"It is cost-prohibitive to stockpile," he said. "We are investigating what our hospital can do in case of an outbreak."

The White House last week urged drug makers to step up production of medicines to fight bird flu, but a serious challenge still looms: how to get those medicines and vaccine to local health departments before bird flu hits. Some funneling of vaccine has already been tried - at least statewide.

"The recent flu vaccine fiasco taught us something," said Dr. Michael Boucree, vice president of medical affairs at Hurley Medical Center and former president of the Genesee County Medical Society. "We learned to network so flu (shots) could be shared with communities that needed it." Despite worries over bird flu, fresh poultry is still popular among shoppers at the Flint Farmers' Market, and workers are not concerned about their health, said Linda Howard of Howard Farms in Perry, who is known as the "Chicken Mama."

"From what I've seen of the markets (in Asia), the animals are cared for and raised much differently," said Howard, whose chicken-handling methods are federally inspected before she can sell the chicken kept in refrigerated cases. "They're living in environments close to the animals they sell."

Because of U.S. food inspection practices and the fact Americans are more likely to buy chickens in supermarkets, the risk of getting avian flu is low here, said the health department's Pestronk.

"Traveling to countries in Asia with known cases is the greatest risk," he said. "The infection could incubate on the trip home, all the while infecting other people. That's the scenario that scares people."

# Illinois governor proposes health insurance program to cover all children

By JOHN O'CONNOR

Associated Press Writer

SPRINGFIELD, Ill. (AP) - Gov. Rod Blagojevich announced a medical plan Thursday that would make Illinois the first state to offer health benefits to all uninsured children.

The plan, which has the endorsement of Democratic legislative leaders, would target children in families that earn too little for private coverage but too much to qualify for existing state-funded programs.

The Democratic governor would pay for the 'All Kids' program by revamping state health programs to cut expenses.

Parents would be able to get their children's insurance from the state, with premiums and copayments that would be much lower than private insurance policies.

Blagojevich announced the plan at a restaurant in Chicago, surrounded by eligible families. Children who could be covered by the proposal 'are kids of parents who serve you coffee in the morning,' he said.

Eligible parents, he said, could be the growing number of people who work 'two or three part-time jobs so they can make ends meet, but because of their part-time jobs, they can't get health insurance for themselves or their children.'

Initially, the program would extend health benefits to more than 125,000 children who aren't eligible for the state's current KidCare insurance program. Officials hope the program's publicity also would reach families of another 125,000 kids who qualify for KidCare but are not signed up.

The state would reduce costly emergency room visits by hiring primary-care physicians to work with patients on maintaining good health, Blagojevich said. The changes would not apply to elderly or blind clients.

Republicans have pushed to use managed care for the state's government-supported Medicaid programs for several years.

Republican Rep. Patricia Bellock, who has unsuccessfully sponsored legislation to set up test programs for the idea, is pleased Blagojevich is moving in that direction but fears the state is being too generous. Offering insurance to people who make too much to qualify for Medicaid invites fraud, she said.

David Rousseau, a senior policy analyst for the Kaiser Family Foundation in Washington, D.C., said he believed Blagojevich's program would be the first of its kind. The foundation recently found that Illinois had the second-best record in the nation for adding children to health care programs.

With support from Senate President Emil Jones and House Speaker Michael Madigan, the plan could pass later this month and take effect July 1.

KidCare and FamilyCare, a similar program for parents, enroll more than 1.6 million people in Illinois, a number that Blagojevich has increased by more than 340,000 since taking office in 2003, according to aides.

# **VAAA offers assistance for Medicaid, Medicare**

HOMETOWN HEADLINES

GENESEE COUNTY

THE FLINT JOURNAL FIRST EDITION

Sunday, October 09, 2005

By Ron Fonger

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Medicare and Medicaid beneficiaries, their families or caregivers can get free benefit counseling from the Valley Area Agency on Aging's Medicare Medicaid Assistance Program.

Counselors can help beneficiaries in Genessee, Lapeer and Shiawassee counties find answers to any questions they have about the programs, according to a news release from VAAA.

The help comes in advance of a new Medicare prescription drug benefit that begins in January.

The VAAA program is designed to help benefi MMAP counselors can help senior citizens

Details: (800) 803-7174 or visit the program Web site at [www.MyMMAP.org](http://www.MyMMAP.org)

# Medical center will help uninsured

## Nonprofit group to expand reach when New Haven facility opens in February

***PUBLISHED: October 10, 2005***

***By Dan Heaton***

***Macomb Daily Business Editor***

A medical service center in New Haven is using \$5.7 million of federal funding to build a new facility and greatly expand its service to uninsured residents of Macomb County.

The nonprofit organization provides medical and other social services to about a third of the county now. Using a new grant, it will be able to provide medical services on a sliding scale fee based on ability to pay to people in about two thirds of the county.

Downriver Community Services, which has operated the New Haven Medical Center since 1985, is building a new \$4.5 million 27,000-square-foot facility in New Haven, immediately north of New Haven High School. The new facility has a target completion date of February 2006.

Once the facility is operational, it will increase its "catchment area" in which it is funded to provide services to include Washington, Shelby, Macomb, Clinton and Harrison townships and Mount Clemens. Currently, the facility serves Ray, Richmond, Lenox and Chesterfield townships and Richmond, Memphis, New Haven and New Baltimore. Downriver Community also operates an office in Algonac, which serves all of St. Clair County.

"About a third of our patients are uninsured," said Dr. Gordon Weatherspoon, CEO of Downriver. "There are doctors in the community who accept uninsured patients, but generally they can only accept the uninsured as a very small percentage of their overall clients. The mission of the center is to make high quality health care available and affordable to everyone in its community."

The clinic also accepts patients with virtually every kind of medical insurance.

The new facility in New Haven will replace a smaller, cramped building that has already been expanded twice. Space at the New Haven center is at a premium because in addition to offering traditional medical services, the facility also offers a host of social programs, including substance abuse programs and counseling programs in domestic violence situations.

The center also offers a raft of pregnancy and early childhood health related programs.

"They used to call it one stop shopping, but that term has gone out of style," Weatherspoon said. "Whatever you want to call it, our goal is to be as comprehensive as we can be to provide the services that people need." Currently, New Haven has three doctors on staff and a total of 85 employees between the New Haven and Algonac sites. In 2004, between the two sites, the centers saw a total of 17,000 medical visitors and about 33,000 total visitors, which includes people coming for mental health or other counseling or related services. The centers also operate an outreach program to have specialized nurses visit area homeless centers. Weatherspoon said he is particularly excited about a new dental clinic that will be in place at the new New Haven center.

"We have a problem finding dentists who will accept what we can pay them for our clients," Weatherspoon said. "I had a patient not long ago who came in. He was 65 years old and had already pulled two of his own teeth. He really needed some help and I had nothing I could do for him."

Once the center's new facility is open, Downriver will be hiring a dentist to staff it, along with several other medical professionals, about 20 staff people in all.

Longer term, Weatherspoon said his board is considering a satellite office to service the southern rim of Macomb County and an office in southern or western St. Clair County, but no time lines have been developed for those possible projects.

For information on medical services available via the New Haven Medical Center, call (586) 749-5197, or for information on community services, call (586) 749-5173.

## Landis Y. Lain: Issue is health care, not marriage

Ingham Circuit Judge Joyce Draganchuk recently ruled a 2004 voter-approved amendment to Michigan's Constitution defining marriage does not prohibit state and local governments, universities and schools from providing health-care benefits to the gay and lesbian partners of employees.

While I don't express an opinion on the rightness or wrongness of this decision, I do have a couple of questions.

Doesn't Draganchuk's decision open the door for employers to violate the equal protection clause of the U.S. Constitution? What of heterosexual couples who live together, but don't marry? Is a heterosexual "life" partner allowed to receive health benefits from such employers under this ruling?

Supporters of this decision would say the gay population does not have the option of marrying; heterosexuals always have that option open to them.

That is not strictly true.

Marriage is a contract between two consenting adults (a man and a woman under current Michigan law). However, one cannot be forced to marry.

What happens when one partner in a heterosexual "life relationship" decides that while they love and respect their partner, they just don't want to get married? Is the person who's being shut out of marriage not allowed to get health care through their life partner just because the partner is not sold on the sanctity of marriage?

That very scenario exists in today's world. There are plenty of couples with children out there whose health insurance will only cover the children, but not the partner, because they are not married. Michigan does not recognize common-law marriage, no matter how long a couple has been together.

And how long do people have to live together in order to become "life partners" anyway?

Or maybe a person - we'll name him Bob - is not gay, but his friend Sue (also not gay), has cancer, so they move in together. Is Sue then entitled to get benefits from Bob's employer when the employer offers health benefits to "life partners"? And what happens once Sue gets better and moves out and Bob gets another sick friend to move in?

The scenarios are endless. Will this signal the beginning of the end of employer-based health benefits to anyone beyond those who are married with children? Or will employers just stop offering health insurance benefits at all?

What a scary prospect.

I think it's a shame and a scandal that every person in America does not currently have access to decent health care. We are supposed to be the richest and most advanced country in the world.

And maybe that's what we should be discussing, instead of arguing over whether or not gay life partners should be allowed to receive health benefits.

Maybe we should all be yelling loudly that no one should be without health care when they need it. Maybe we should be arguing about not who should be entitled to receive benefits, but how we're going to pay for everybody to get them.

What do you think? Landis Y. Lain of Lansing is an administrative law judge manager with the state of Michigan and a member of the State Journal's Community Advisory Board. Write to her c/o Lansing State Journal, 120 E. Lenawee St., Lansing, MI 48919.

Published October 8, 2005

## **Clemency sought for East Lansing woman**

### **Activists say she killed common-law husband in self-defense**

By Chris Andrews  
Lansing State Journal

An East Lansing woman is among 20 women whom activists hope to free from prison as part of the Battered Women's Clemency Project.

About 150 people rallied at the Capitol on Friday, urging Gov. Jennifer Granholm to release the women, who are serving time for killing spouses or boyfriends.

The project oversees the filing of clemency petitions for women in Michigan prisons who have been convicted of murder, but who leaders of the project claim acted in self-defense against an abuser.

One of the jailed women is Anita Posey, an East Lansing resident serving a 17- to 50-year sentence for second-degree murder. She killed her common-law husband, Edward Johnson, in 1993.

Posey shot Johnson in the head three times when he went to bed after he threatened to beat her, she told a judge when she pleaded guilty.

Witnesses testified Posey arranged to have the body dumped in Detroit, where it was discovered a month later.

Helen Moore, who described herself as Posey's best friend, attended the rally.

Moore said that Posey is a fine woman who found herself trapped in an abusive relationship.

"She became a slave to him," Moore said. "She was afraid to leave."

Eaton County Prosecutor Jeffrey Sauter said the clemency project is distorting the facts of the case.

The clemency project's description of the case asserts she was wrongfully convicted, when in fact she pleaded guilty to the charge, he said. And Posey didn't raise a claim that Johnson had beaten her baby at the time of her plea, which the clemency project now claims.

"If she did it in defense of the baby, why did she plead guilty?" Sauter said.

"You don't tend to plead guilty when you have a valid defense to the charge."

Leaders of the clemency project expressed frustration that Granholm has not acted on clemency requests submitted two years ago.

"The women in the clemency project never should have gone to prison at all," said Cheryl Jacobsen, a University of Michigan professor who is leading the effort.

Granholm spokeswoman Liz Boyd said the cases are under review.

"These are very complex cases," she said.

Contact Chris Andrews at 377-1054 or [candrews@lsj.com](mailto:candrews@lsj.com).



# Woman arrested in GR slaying

Monday, October 10, 2005

By Rick Wilson  
The Grand Rapids Press

GRAND RAPIDS -- A woman is accused of slitting the throat of her live-in boyfriend and leaving him to die, Grand Rapids police said.

Police arrested the woman early today and were seeking a murder warrant in the death of Donald Ace Thompson, 40, whose body was found on a sidewalk in the 800 block of Logan Street SE, about three doors from where the couple lived.

Thompson apparently was stabbed while inside his home, then stumbled outside, police said. "He was just laying there," said a newspaper carrier who discovered the body and declined to give his name. "He was still breathing, but it looked like he'd been stabbed and beat up or something."

Police believe the man died before an ambulance arrived.

He was taken to Saint Mary's Health Care, where he was pronounced dead.

Detectives found his live-in girlfriend early today at an area hospital, where she was being treated for a headache, said Sgt. Chris Postma.

"We think she's the actual perpetrator of this," he said.

Police were trying to determine a motive. An autopsy is scheduled for today.

Neighbors said they saw a woman remove something from the victim's pockets while he lay bleeding on the sidewalk, moments before two cars drove away from his house.

Police said they didn't know much about the victim. He recently worked at Louis Padnos Iron & Metal Co. in Grand Rapids, they said.

He has a history of traffic offenses, including driving without a license.

Neighbors described him as a biker who frequently had parties.

"Usually, during the summer, they had a lot of people coming in and out for parties," neighbor Scott Sage said Sunday.

Another neighbor, who declined to give her name, said the victim seemed friendly, although she said she sometimes called police about late-night noise at the house.

"He seemed like a nice guy," she said. "He'd be out in his front yard drinking beer and working on his motorcycle, being really cool with everybody."

# New guidelines for babies push cribs, ban teddy bears

October 10, 2005

**BY PATRICIA ANSTETT**  
**FREE PRESS MEDICAL WRITER**

Infants should sleep alone in their own cribs or approved beds in the first year of life, without blankets and stuffed animals, according to new national guidelines likely to have an impact on millions of U.S. households and child care providers.

The guidelines, released today by an American Academy of Pediatrics task force, are an attempt to reduce hundreds of preventable deaths of infants in adult beds and other unsafe sleep environments.

The guidelines will impact generations of future caregivers, as well as gift-givers at baby showers. The better gift now is a portable mesh crib or a sleeper or sleep sack, not a stuffed animal or blanket and never the crib bumpers that have been associated with infant deaths.

In another change likely to stir discussion, the academy recommends that babies should be put to bed with pacifiers, because their use is associated with fewer SIDS deaths, and they don't impair the development of teeth or ability to breast-feed.

Michigan is one of the states well ahead of the guidelines. The state adopted infant safe sleep guidelines in April 2004 and recommended that babies sleep in their own beds.

Proposals before the state Legislature would require day care providers to place infants to sleep on their backs, in individual beds.

Training also is under way across the state to teach these concepts to nurses, church nursery personnel and home day care providers. Study has shown that many deaths thought to be caused by sudden infant death syndrome are cases where babies suffocated in too much bedding.

## Blankets are a factor

Sometimes, the causes of a baby's death are unclear, leaving parents like Heather Hilden of Edmore to live with uncertainty. Her 18-month-old son, Riley, died April 14 after she placed him in his crib, on his back, with his favorite blanket and Tigger stuffed animal.

"He had spiked a fever the night before and I gave him some Motrin," recalled Hilden, who has two other children, ages 12 and 8. "I have to wonder what would have happened if I hadn't put him to bed with his blanket."

She found him the next morning facedown on his blanket. An autopsy said Riley had a respiratory virus and bacterial sepsis. Still, there was the issue of his blanket.

## SOME GUIDELINES

Infant safe sleep recommendations include:

- No bed sharing. Infants in the first year of life should sleep in a crib or playpen.
  - Infants always should sleep on their backs.
  - Use a firm crib mattress, covered by a sheet.
  - Keep soft objects and loose bedding such as pillows, comforters and stuffed toys, out of the crib.
  - Keep infants away from smoke.
  - Offer a pacifier when the infant is laid down for a nap or at bedtime. Don't reinsert it once the infant falls asleep.
  - Avoid letting the baby get too hot. The infant should be lightly clothed for sleep, and the bedroom temperature should be warm enough for a lightly clothed adult.
  - Avoid devices marketed to reduce the risk of SIDS, for instance, by maintaining a healthy sleep position. None has been tested sufficiently for safety. There is no evidence that use of home monitors decreases the risk of SIDS.
  - Have others caring for the infant follow these recommendations.
- Source: American Academy of Pediatrics at [www.aap.org](http://www.aap.org).
- ## SUPPORTING SAFE SLEEP
- Tomorrow's Child, a nonprofit, state-funded organization, offers safe sleep resources and bereavement services for families after the death of a child. 800-331-7437. [www.tomorrowschildmi.org](http://www.tomorrowschildmi.org)
  - [www.2virtues.com](http://www.2virtues.com) has infant products to promote safe sleep, including Swaddleaze, a sleep sack that also is a swaddler. \$24.95.
  - La Leche League has breast-feeding resources. 800-523-3243.

"If I could have done anything differently, I wouldn't have put that blanket in there," she said. She goes to see her son's grave site nearly every day, and the family has posted stories about him on a Web site, [www.babiesonline.com/babies/o/ourangelriley](http://www.babiesonline.com/babies/o/ourangelriley).

Tomorrow's Child is a Lansing-based nonprofit group formed to unite parents who have lost babies to SIDS. The Hildens joined the group for its walk Oct. 2 at Hawk Island Park. "This is the first thing I've looked forward to all year," Heather Hilden said. "I feel I can do something besides sit at home and cry."

Another Michigan death was clearly caused by unsafe bedding. Ten-month-old Emilee Peterson of Portage died Feb. 3, 2004, in a Kalamazoo-area day care home.

Emilee stayed at the home one day a week, so she could learn to socialize with other children, said her mother, Lorie Peterson. Peterson's mother and mother-in-law watched her daughter the other weekdays while she worked as director of Kalamazoo's Senior Services.

Emilee was the only child of Lorie and her husband, Keith.

The day Emilee died, Lorie Peterson carried her into the home wrapped in a thick quilt because of a snowstorm. An emergency crew found Emilee not breathing under the quilt.

The home reopened for business after the caregiver was cleared of wrongdoing by a judge and the state, Lorie Peterson said.

She and her husband, who adopted a 1-year-old girl from China last month, now give talks to child care providers for Tomorrow's Child, which has received a \$250,000 state grant to implement safe sleep programs.

### **Danger in bed**

Dr. John Kattwinkel, chair of the SIDS Task Force for the American Academy of Pediatrics, said mounting evidence from 10 well-documented studies show that bed sharing increases the risk of accidental deaths. "We came to this conclusion because of the evidence," said Kattwinkel, professor of pediatrics at the University of Virginia.

Though some of the deaths involved parents who drank or used drugs and then rolled over on a baby while they slept, others involved breast-feeding, he said.

"There's no evidence to support that parents who don't drink and use drugs can safely sleep" with babies, he said.

Child death review teams established by the Wayne County Medical Examiner's Office have concluded that many cases that appeared to be SIDS are deaths of babies smothered, or asphyxiated by adults or bedding, said Dr. Melissa Pasquales-Styles.

An analysis she conducted determined that 17 of 21 infant deaths last year in Wayne County that were labeled accidental were caused by positional asphyxia -- pressure on the body causing a lack of oxygen.

Though 20% to 25% of accidental infant deaths are associated with parents' drug and alcohol use, many more involve babies buried under heavy bedding, caught in bumper pads, or wedged between adult beds and walls. Several cases have involved babies and breast-feeding mothers in the same bed, she said.

Pat Tackitt, a child fatality investigator with the office, credits parents who let her photograph death scenes of their infants to use for educational programs about safe sleep. "The courage they have shown is a great gift to helping others understand," she said.

"This is about giving parents tools to make them safe."

Safe sleep guidelines need not inhibit breast-feeding, said Dr. Sophie Womack, director of neonatology at Detroit's Sinai-Grace Hospital and chair of the board of Tomorrow's Child.

"Breast-feed your baby, and when you're finished, put the baby in its crib," she said.

Not everyone agrees. The La Leche League International, which promotes breast-feeding, advises parents to evaluate the risks and benefits of sharing a bed and decide for themselves.

"There is no right answer that fits every family situation," the statement says.

Maria Munoz, 34, of Detroit says she believes she can sleep safely in a queen-sized bed with her daughter, Helena, now 2, whom she breast-feeds. Her husband, Jim, sleeps in an upstairs bedroom.

"I've developed a sixth sense about where my baby is when we sleep together," she said.

"I don't think I'd be able to sleep at all if Helena were in a crib in another room; I'd worry too much about her."

### **Michigan takes action**

Throughout Michigan, safe sleep programs are under way.

In Berrien County, a program called Baby's Own Bed (269-983-8528 anytime) provides free cribs and portable cribs to low-income mothers. Sandra Hayes, a nurse with the Lakeland Regional Health System in St. Joseph is distributing rubber stamps to pediatricians' offices with two questions they add to all paperwork given to parents. The questions are: Where does your baby sleep? and How do you put your baby down to sleep at night?

"It allows doctors to try to come at safe sleep from as many directions as we can," she said.

In Highland Park and Detroit, the Infant Mortality Project (313-868-8420 anytime) offers several programs that teach mothers about safe sleep, money management, parenting and discipline. One of them, the Jubilee Parents support group, meets over lunch in the St. Raymond church rectory on Detroit's east side. Child care and transportation are provided to those who need it. The women receive coupons, food and other items.

"This is a job for life," said Pat Hollins, a facilitator with the program. "You can divorce your husband but you can't divorce your kids."

*Contact PATRICIA ANSTETT at 313-222-5021 or [anstett@freepress.com](mailto:anstett@freepress.com)*

# **Amber Alert Canceled After Infant Found Safe**

## ***Girl Reported Missing Friday***

POSTED: 9:26 am EDT October 8, 2005

UPDATED: 4:23 pm EDT October 8, 2005

An Amber Alert issued for a 21-month-old Detroit girl has been canceled after the infant was found safe Saturday.

Nevaeh Bankston was last seen at about 7 p.m. Friday, Local 4 reported. Police said she was believed to be with Ashley Nicole Anderson, who they believed was headed to Missouri. Her relationship to the infant was not available.

The child was found safe in Missouri, according to police.

No further information was available.

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# Grandmother's 911 scare prompts check of system

Monday, October 10, 2005

By Ron Cammel  
The Grand Rapids Press

GREENVILLE -- When Donna Bissell's baby granddaughter quit breathing, she failed to get an answer when calling 911.

She panicked more when she said no one was at the police station to help the seemingly lifeless baby.

The baby is OK after the Labor Day weekend scare, but Bissell wants to know why there were no dispatchers, police officers or anyone else at the one place people assume they can get emergency aid.

"I tried CPR. The first thing you think is someone will be at the police department," Bissell told the Greenville City Council at a meeting last week. "I just needed someone who could do CPR." City Manager George Bosanic said his staff was investigating why Bissell's 911 call did not go through.

He said several hundred calls were completed successfully since the city's dispatch system merged with the county's in Stanton on July 11.

A police officer went to Bissell's home after the incident and got through to 911, Bosanic said. Staff members are checking SBC records to see if Bissell's call went through or if there was a problem with the phone.

"We're concerned about the system," Bosanic said.

The dispatch systems merged for greater efficiency while guaranteeing the same level of service, he said.

If dispatchers were at the police station, they would not be allowed to leave their posts and neglect potential 911 calls even if someone was banging on the doors, Bosanic said. They would have to send an officer either way.

After the merger, two emergency call boxes were placed on the east and west sides of the police station.

Bissell said she was unaware of call boxes when she arrived at the station.

Bosanic said pictures of the boxes would be mailed to residents to raise awareness. They will have red awnings and be lighted and will have cameras pointed at them for monitoring.

Her said officers were nearly always on the road, not waiting at the station. They responded quickly when Bissell got through to dispatchers, calling from the station, he added.

Lansing State Journal

Monday, October 10, 2005

## **Protesters, parent**

After observing individuals with signs protesting abortion and encouraging adoption on a recent weekend, I can't help but wonder what would happen if the energy used to fight abortion was harnessed to make the children already on our planet and in our city safe, healthy and loved. As a parent through adoption, and at one time a parent through the foster care system, I am angry when I see adoption used as a political or religious platform. It diminishes the commitment, the love and the hard work that go into creating a family, regardless of whether it is through adoption, foster care, marriage or birth.

I commend these people for caring about children. But it is easy to carry a sign. It is much harder and less visible, but perhaps more powerful, to be a foster parent, a Big Sister, a Big Brother or a caring parent.

Kris Morrissey  
Okemos

## **PRISON POLITICS: Closing youth facility makes sense for all but GOP**

Detroit Free Press

*October 7, 2005*

Republicans are charging that Gov. Jennifer Granholm sent the wrong message by canceling the state's contract for an unneeded, privately run youth prison in Baldwin. In fact, her message was exactly right.

Granholm's budget veto last week, ending the contract with the for-profit Geo Group, will save taxpayers \$18 million a year. Thanks to new efforts to control the state's inmate population, Corrections now has room -- roughly 680 spare beds -- to send the 480 teenage boys at Youth Correctional Facility to other prisons. Most will go to an area separate from adults at Thumb Correctional Facility in Lapeer.

Instead of supporting this sensible move to save money, Republicans are on the attack, including a tasteless reference to "Hurricane Jennifer" by Rep. Goeff Hansen, R-Hart.

The GOP has argued that closing Youth Correctional Facility would cost jobs, as if that were a reason to keep open a prison. Besides, the state has pledged to transfer all of the facility's 150 corrections officers into vacant positions at other prisons -- where they'll make more money and receive better benefits.

Michigan has closed several state-run prisons in the last four years, including the Michigan

Reformatory in Ionia and Western Wayne Correctional Facility in Plymouth. Granholm was not picking on the privately run Baldwin prison. Legally, Michigan could cancel its management contract, with 90-days notice, if the prison is no longer needed. Geo was notified June 30.

Republicans, who talk a lot about government waste, should think twice before making the governor's veto a political issue. Granholm sent the right message to businesses, citizens and taxpayers: During a budget crisis, Michigan will not maintain costly and unnecessary prisons to subsidize jobs or appease politicians.



# **Local agencies win grants to help at-risk youth**

HOMETOWN HEADLINES

GENESEE COUNTY

THE FLINT JOURNAL FIRST EDITION

Sunday, October 09, 2005

By Ron Fonger

rfonger@flintjournal.com • 810.766.6317

Two Genesee County agencies will receive grants to help homeless and at-risk young people. The Community Resolution Center and My Brothers Keeper of Genesee County will receive \$50,000 and \$44,693 respectively, according to a news release from U.S. Rep. Dale E. Kildee, D-Flint.

Money for the awards came from the U.S. Department of Health and Human Services.

# Help available for heating costs

The Saginaw News

Sunday, October 09,

With the first onslaught of cool weather invading mid-Michigan last week, the heat is on to avoid a crisis among the region's most vulnerable.

State regulators are warning Michigan residents that the price of natural gas will jump nearly 50 percent this winter -- creating a huge need for home heating assistance. The Michigan Public Service Commission estimates the average natural gas bill will increase by \$39 to \$65 a month. Other estimates peg the natural gas increase in the Midwest at more than 71 percent.

That kind of increase will create a huge hardship for senior citizens, the unemployed and poor in our community.

"This is going to be a very, very, very big problem in our community," said Martha Campos, social services director at the Salvation Army in Saginaw. "It's going to get very bad, and we need to raise awareness about ways to conserve. ... We need to let people know to do as much as they can -- and do it now."

It's important for low-income residents to know where they can go for help.

The first line of defense is the state Department of Human Services. The state agency offers home heating assistance through the federal Low Income Home Energy Assistance Program. Michigan's current share is \$117 million, serving nearly 1 million residents. A bipartisan group of governors, including Gov. Jennifer M. Granholm, requested additional federal assistance this winter. The Bush administration proposed \$2 billion for home heating assistance last year. An amendment in the U.S. Senate, sponsored by Sen. John Kerry, Democrat of Massachusetts, and receiving bipartisan support, would boost funding by \$3.1 billion. It's needed.

The Salvation Army, 2030 N. Carolina, is one of a handful of local charities that offers emergency assistance for utility shutoffs. Others are the Partnership Center, 122 S. Hamilton, and Saginaw County Community Action Committee or CAC, 2824 Perkins.

The CAC also offers home weatherization help.

Residents can cut energy bills by weather-stripping and caulking drafty windows and doors, installing programmable thermostats and changing filters on furnaces.

Georgann M. Hemker, executive director of the Partnership Center, said it's important for people to contact the state **Department of Human Services** or a local agency before the power is shut off. The state can obtain an extension on shutoffs and help residents avoid reconnect fees and paying high security deposits. Renters also face eviction if they don't pay their utility bills.

Winter is at the door. The message that help is available must reach the people who are at risk.

No one should go cold this winter. Mid-Michigan residents need to reach out to neighbors in need to make sure an avoidable tragedy doesn't chill us all to the bones.

FOR IMMEDIATE RELEASE

October 7, 2005

## **Granholm Says Government that Works Better, Costs Less Critical to Economic Development Efforts**

*Governor Highlights State's Recognition as One of Nation's "Best Managed" at Governing Conference*

LANSING – In her weekly radio address, Governor Jennifer M. Granholm today highlighted her administration's work to create a government that works better for citizens while spending taxpayer dollars more efficiently. Granholm said that putting the state's fiscal house in order was a critical step in growing the state's economy.

"As we work to attract job providers through our Michigan Economic Development Corporation and our jobs missions abroad, it is important that companies know they are dealing with a state that will ensure a great quality of life and a great environment to operate a business," Granholm said. "That means running a tight ship in Lansing."

The Governor's radio address mirrors comments made in a speech delivered this morning before hundreds of state and local officials from across the nation attending a conference sponsored by *Governing* magazine, entitled: Governing Conference on Managing Performance 2006. *Governing* magazine this year named Michigan the third best-managed state in the nation.

Since taking office, Granholm has put Michigan's fiscal house in order, eliminating nearly \$4 billion in deficits by doing everything from selling off state-owned cars and planes to turning off the lights at night in state buildings. Michigan's state government is now operating with the fewest number of employees since 1974 and the lowest inflation-adjusted tax revenues since 1970.

By cutting wasteful spending, more resources are available to devote to job creation in Michigan. Governor Granholm has called for an economic development package that gives \$4,000 in scholarship money to students who pursue college and technical training and creates a \$2 billion fund to attract new job providers.

"The more efficiently we spend out resources – the citizens' resources – the more successful we'll be in these steps to grow our Michigan economy," Granholm said.

The Governor's weekly radio address is released each Friday at 10:00 a.m. and may be heard on broadcast stations across that state through an affiliation with the Michigan Association of Broadcasters. The address will also be available on the Governor's Website on Mondays as a podcast for general distribution to personal MP3 players and home computers.

# Hurricane relief sapping funds from local charities

BY KIRSTEN FREDRICKSON, PETOSKEY NEWS-REVIEW STAFF WRITER,

*Friday, October 7, 2005 12:02 PM EDT*

In the wake of national fund-raising following Hurricane Katrina and other recent disasters, several area non-profit organizations are feeling the impact when it comes to their own fund-raising.

"I've seen a dip. Oh yeah!" said Sue Moody, executive director at Challenge Mountain. "It's a concern, but I'm sure it will pass. We were prepared for that."

Moody said those at Challenge Mountain have even been working themselves to help give to the hurricane victims, raising \$4,700 for the American Red Cross. It's something she encourages, but the giving is something she also hopes people will remember to do here locally.

"Of course we should help our fellow man, but remember that we charities are still here," she said.

Mary Sue Christian, executive director for Big Brothers Big Sisters of Northwestern Michigan, agreed, saying "people need to remember that the need in their very own community is still there."

Christian said she as well has "most definitely" noticed a drop in dollars coming the organization's way. That's because many of the service clubs that faithfully donate to Big Brothers Big Sisters have momentarily changed their focus. Christian said she realizes people have limited resources.

"We've had a much harder time collecting items for fund-raising events," she said. "I can't tell you how much (it will effect us), but I can say we're concerned about it. It's coming in a wake when other (governmental) funding is declining."

And while Christian said they were anticipating many of the local dollars to head toward hurricane relief, she admitted that doesn't mean they're prepared for it.

"We know they think of their own, we just hope they remember that," Christian added.

Even area humane societies are feeling the effects of the hurricane. The Little Traverse Bay Humane Society, based in Harbor Springs, said they are seeing an outpouring of support. But that support has focused on animals rescued from the hurricane devastated areas.

"The outpouring of people wanting to help has been tremendous. But for shelters, we need that

help every day. It needs to be done locally and all year-round," said executive director Deter Racine. "I think all shelters are experiencing that. I hope that after nationally ... that it turns local again."

Greg Tate, executive director for the Charlevoix Humane Society, said he has noticed that traditional givers this time of year are giving less. Some aren't giving at all this year.

But Tate said that "it's hard to measure at this point" how much that could hurt the shelter.

"The vast majority of what runs the Charlevoix County Humane Society is donations from the public. We get very little from the county. Everything that we do around here is done with the money given to us by the community," he noted. "So we might have to get extra creative on how we're going to fund-raise."

Tate said people could always donate their time in caring for the cats and dogs.

Other non-profit organizations say it's still too early to tell whether hurricane relief efforts will impact them. Many are waiting for their annual holiday fund-raising push before worrying about the donations being low.

Jan Mancinelli, director of the Women's Resource Center, said the organization's fiscal year just ended, and donations were just slightly lower than last year. But that doesn't necessarily mean anything.

"I really believe the truth will be told over this next year, really over the next three months," she said. "We're starting a new fiscal year now. I'm starting the new year hopeful."

And Hospice of Little Traverse Bay is still focused on raising \$2.5 million of the total \$3.5 million for the new hospice house by the end of the year. Program director Lisa Ashley said they are well on their way, with about \$2.3 million already raised.

Ashley said the year end fund-raising mailing will be the true test of the organization's financial picture.

"OK, so it takes us a couple extra months to raise the money. Our life is not as bad as it is down there," said Ashley.

Manna Project executive director Kathy Hart agreed that the national need is important, but also wants to remind people that the local need has not diminished.

"As with any of the non-profits, we continue to rely on local support. The calls for our services are increasing, both at the pantry here and the pantries that come here," she explained. "I think because the focus has been so much on the national we need to bring the focus back locally. A lot of it, too, has to do with the type of picture you paint. If we keep it on the up and up, positive, people are more likely to become a part of it because it is positive."

Planned Parenthood of Northern Michigan, according to Emily Robbins based in Petoskey, has a picture that does look that positive.

"We haven't seen any significant drops, or anything out of the ordinary," Robbins said. "Most of our donors gave at the beginning of the year. So we're lucky that way."

And Nehemiah Project director Michael Walker said they don't seem to be hurting financially, either.

"What we're hurting with is canned goods. There used to be a lot of canned drives that went on and there haven't been any this year," Walker said, adding that the shelter's pantry is empty. "But our benefactors have been very loyal to us. The people who have been sending the checks in are still sending them in. Of course we could always use more. The more we have, the more we can do."

For the two major organizations doing the majority of the fund-raising for hurricane relief, the American Red Cross and The Salvation Army, things have been a little different.

Nationally, the American Red Cross has raised \$1.2 billion for hurricane relief, with the local chapter based in Petoskey giving some \$150,000 to that disaster fund.

While the local chapter hasn't seen those types of donations for their own work, executive director Betsy Hanson said they have been flooded with support.

"What I'm finding is that people are giving in different ways," she said. "While the financial donations might not be coming in, we're seeing a new group of volunteers. There's also been a great awareness of the Red Cross. So it's been an opportunity for people to learn about what the Red Cross does."

And Hanson said that "should a disaster hit this way, how wonderful it is to know the American people would support us."

The Salvation Army, based in Petoskey, has also been a vehicle for hurricane relief, raising more than \$50,000 for the national fund.

"People have continued to be generous to the national and local relief needs, but sometimes for many organizations, the local needs tend to take a back seat. And with all good reasons," Cpt. Robert DeGeorge said. "But we are coming up on the most difficult time of the year with people that come to us. With gas prices and natural gas prices going up we have had an increase of people coming to us.

"We want to be vehicles for any national need, but we're turning our focus back locally," he added. "Our concern (now) is our local need. That's where we're focusing."

Kirsten Fredrickson can be reached at 439-9398, or [kfredrickson@petoskeynews.com](mailto:kfredrickson@petoskeynews.com).

Published October 9, 2005  
[ From the Lansing State Journal ]

Lupe Izzo is 2005 campaign chairwoman for the  
Capital Area United Way.

## **Lupe Izzo: Local United Way still needs your help**

As chairwoman of the Capital Area United Way annual campaign this year, I am asking area residents to respond generously to support vital services in our community.

The Lansing State Journal's Sept. 20 editorial rightfully applauded the local response to Hurricane Katrina victims, but it also encouraged tri-county residents to remember that we have tremendous local human service needs. As a lifelong resident of the Lansing area, I also request that we focus on critical services to children and families.

Poverty impacts more than 10 percent of our citizens in the tri-county area. Area donors to United Way who have given generously to support homeless hurricane victims should know that more than 500 homeless individuals in our community have been identified. Many of these homeless are children, who are bracing for a Michigan winter without permanent shelter. In addition, many of these children are victims of domestic violence and child abuse. They have done nothing wrong, and they desperately need our support.

The Capital Area United Way provides funding for critical services that improve the lives of more than 120,000 children, seniors and adults in Clinton, Eaton and Ingham counties. Our community impact goal areas include youth development, emergency services, domestic violence and job retention support.

Each year, more than 30,000 donors make a donation to the United Way. Over the past two years, the campaign has been tested as natural disasters draw on our desire to help. We have faced challenges in our economy.

As we ended last year's campaign, the south Asia tsunami occurred. This year as we kickoff our United Way campaign, Hurricanes Katrina and Rita have devastated the lives of thousands on our own Gulf Coast. As much as we want to help, we know that there are vital services that must be sustained in our own community each year.

The key to success for our campaign is participation. If you are already a donor, please consider increasing your gift by a dollar per week.

If you are not a donor, please consider pledging a dollar per week through your workplace campaign or by sending a check to Capital Area United Way. This commitment is equivalent to giving up a cup of coffee or a can of pop per week.

With this kind of community support, the United Way system works. If each of our donors simply responds at this level, we will exceed our goal of \$5.5 million and support local people and local needs.

Thank you for your generosity in supporting people in need. Remember your gift is critical this year as we strive to provide vital support to children and families in our community.

Michigan Report

October 10, 2005

## **T.A.N.F. PLAN OPEN FOR COMMENT**

A public comment period for the state's temporary assistance for needy families has been posted by the Department of Human Services.

The department must submit its plan to the U.S. Department of Health and Human Services for renewal and the public comment period is part of that renewal process. TANF is the basic welfare program created by the U.S. Congress in its welfare reform package of 1996.

The plan, viewable at the department's website, is not substantially different from the last renewed plan in 2003, DHS officials said. The plan must be submitted to the federal government by November 30.





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
MICHIGAN DEPARTMENT OF HUMAN SERVICES  
LANSING



MARIANNE UDOW  
DIRECTOR

## News Release

Contact: Stepheni Schlinker or Maureen Sorbet (517) 373-7394

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### Department of Human Services to post state TANF plan for comment

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October 7, 2005

Michigan Department of Human Services announces the public comment period for its TANF State Plan. The agency administers Michigan's TANF (Temporary Assistance for Needy Families) grant through public assistance programs statewide.

Michigan must submit its TANF State Plan to the U.S. Department of Health and Human Services for renewal. As part of the renewal process citizens, local governments and private organizations can submit comments on the plan and its design of services.

No substantial revisions have been made to Michigan's TANF State Plan since the last renewal in 2003. The Department of Human Services must submit the plan by November 30, 2005 and will accept public comments through November 21, 2005. Comments can be submitted by fax or e-mail using these instructions:

■ Michigan's TANF State Plan can be viewed on the DHS Web site at [www.michigan.gov/dhs](http://www.michigan.gov/dhs) and clicking on "News, Information and Publications", "Reports", "State Plans and Federal Regulations".

■ Comments may be submitted through this e-mail address: [DHS-TANF@michigan.gov](mailto:DHS-TANF@michigan.gov)

■ Comments may also be submitted via fax to Mave Coxon at (517) 241-7570.

To acquire a hardcopy version of the state plan, or to get more information on the public comment process, please contact Mave Coxon at (517) 335-3609 or send mail to Department of Human Services, P. O. Box 30037, Lansing MI 48909.

The Department of Human Services is Michigan's public assistance, child and adult welfare agency. It administers the federal TANF grant and Food Stamps Program – known as Food Assistance in Michigan – as well as public adult and child protective services, adoption, foster care and similar programs.

For more information go to [www.michigan.gov/dhs](http://www.michigan.gov/dhs)